C Family Planning

Family planning services are services provided to prevent or delay pregnancy.

C.1 Eligible Individuals

Eligible individuals are those females of childbearing age between 10 and 55 years of age and males of any age who may be sexually active and meet the criteria for Medicaid eligibility. Family planning services **do not require a referral** for recipients in Medicaid's managed care programs.

Reimbursement will be made only for eligible Medicaid recipients. Eligibility should be verified **prior to rendering** services to **ANY** Medicaid recipient.

SOBRA-eligible Medicaid women are covered for family planning services through the end of the month in which the 60th postpartum day falls.

Plan First

The Plan First program began October 1, 2000. The Health Care Financing Administration granted approval for an 1115 Research and Demonstration waiver that extends family planning coverage for women ages 19-44. Please refer to the section, Plan First, for additional information.

C.1.1 Authorization for Recipient Services

The recipient must have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary on the part of the recipient and without any form of duress or coercion applied to gain such acceptance. Recipients are required to give written consent prior to receiving family planning services. **A recipient consent for services must be obtained at each Family Planning visit. A sign-in logbook may be used after the initial consent form has been signed.**

Age of Consent

Family planning services are available to:

- Females, any age, after onset of menses. If age 14 or over, no parental or other consent is required.
- Males, any age. If age 14 or over, no parental or other consent is required.
- If a child is under the age of 14, whether they are sexually active or not, parental consent is required.

C.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

C.2.1 Family Planning Visits

The following services are covered services when provided by Family Planning providers.

Initial Visit (99205-FP)

The initial visit is the first time a recipient receives family planning services. An initial visit is limited to one per provider per recipient per lifetime.

The initial visit requires the establishment of medical records, an in-depth evaluation of an individual including a complete physical exam, establishment of baseline laboratory data, contraceptive and sexually transmitted disease prevention counseling, and issuance of supplies or prescription. Counseling in the family planning setting is interactive and includes education. Counseling/education topics must be based on patient need and on protocol requirements.

PT+3 Teaching Method

All family planning counseling must utilize the **PT+3 teaching method**, after the provider has received training. The acronym, PT+3, means:

P = Personalize the PROBLEM,

T = "TAKLE" the problem

- T = set a Therapeutic Tone,
- A = Assess the knowledge level of the patient,
- K = provide Knowledge
- L = Listen for feedback,
- E = Elaborate or reeducate as needed.

+3 = Summarize the teaching session into three essential points.

NOTE:

Questions about PT+3? Call the Outreach and Education Unit at (334) 353-5203.

At all points during the counseling and education process, the patient must be given the information in such a way as to encourage and support the exercise of choice. In order to support informed choice, certain informational elements should be offered. Due to the constraint of time, the topics are listed in order of priority. Priority One includes those topics that MUST be DISCUSSED with the patient. Priority Two includes those topics that can be presented to the patient in a written document, with verbal follow-up. Priority Three includes those topics that can be presented in written format only, with follow-up occurring should the patient need/desire further clarification.

At all times, the PT+3 method of teaching/counseling should be used so that time is targeted toward individual patient need.

Priority One Topics:

1. Patient expressed needs or problems
2. Contraception:
    a. Listing of the various options
    b. How to use
    c. Side effect management
3. Prevention of STDs including HIV
4. Breast self-exam or testicular self-exam

Priority Two Topics

1. Explanation of any screening or lab testing done
2. Services offered
3. Telephone number of office or instructions about accessing emergency care
4. Folic Acid

Priority Three Topics

1. Need for Mammogram
2. Anatomy and physiology

Billable laboratory services **for the initial and annual visits include:**

- Hemoglobin or hematocrit,
- Urinalysis,
- PAP smear,
- STD/HIV test, and
- Pregnancy testing.

Since a family planning visit may be the only medical encounter a female has, **performing the listed laboratory tests is encouraged at the initial and annual visits.** Pregnancy testing is covered during any visit where clinical indication is present and evaluation is needed. Any laboratory procedure performed within the past 30 days with available results need not be repeated. A pap smear may be accepted if done within the past 6 months and is considered normal.

The **physical assessment** is another integral part of the initial family planning visit. The following services, at a minimum, must be provided during the initial visit:

- Height, blood pressure, and weight check
- Thyroid palpation
- Breast and axilla examination accompanied by instruction for self-breast examination

- Abdominal examination and liver palpation
- Auscultation of heart and lungs
- Pelvic evaluation to include bimanual and recto-vaginal examination with cervical visualization
- Examination of extremities for edema and varicosity
- Testicular, genital, and rectal examination for males.

Annual Visit (99214-FP)

The annual visit is the re-evaluation of an established patient requiring an update to medical records, interim history, complete physical examination, appropriate diagnostic laboratory tests and/or procedures, family planning counseling using PT+3 teaching method, and adjustment of contraceptive management as indicated. An annual visit is **limited to one per calendar year**.

The services listed below must be provided during the annual visit:

- Updating of entire history and screening, noting any changes
- Counseling and education, as necessary, using the PT+3 teaching method
- Complete physical assessment as outlined in the "Initial Visit" requirements
- Laboratory tests as outlined under "Initial Visit"
- Issuance of supplies or prescription.

Periodic Revisit (99213-FP)

The periodic revisit is a follow-up evaluation of an established patient with a new or existing family planning condition. Four periodic visits are available per calendar year. These visits are available for multiple reasons such as contraceptive changes, issuance of supplies, or contraceptive problems (e.g. breakthrough bleeding or the need for additional guidance). Providers may utilize the appropriate **V254** diagnosis code, "Surveillance of previously prescribed contraceptive methods," for a visit related to a contraceptive problem.

The following services, at a minimum, must be provided during the revisit:

- Weight and blood pressure
- Interim history
- Symptom appraisal as needed

Documentation of any treatment/counseling including administration/issuance of contraceptive supplies.

Added: NOTE

NOTE:

Family Planning visits are not payable after a sterilization.

Home Visit (99347-FP)

The home visit is a brief evaluation by a medical professional in the home of an established patient and is for the purpose of providing contraceptive counseling (using the PT+3 teaching method) and administration/**issuance of supplies** as indicated. The home visit is for postpartum women during the 60-day postpartum period and usually occurs within 7-14 days after delivery. A home visit is limited to one per 60-day postpartum period.

To qualify for reimbursement for the home visit:

- Medical professionals who are licensed to administer medications such as oral contraceptives or to give injections must provide the home visit.
- The home visit must include: brief medical histories: family, medical, contraceptive, and OB/GYN, blood pressure and weight check, contraceptive education and counseling using the PT+3 teaching method assuring that the patient:
  - understands how to use the method selected,
  - how to manage side effects/adverse reactions,
  - when/whom to contact in case of adverse reactions, and the importance of follow-up.
  - scheduling of a follow-up visit in the clinic if needed
  - issuance or prescription of contraceptive supplies as appropriate.

The patient must give her signed consent for this visit.

Extended Family Planning Counseling Visit (99212-FP)

The extended family planning counseling visit is a separate and distinct service consisting of a minimum of 10 face-to-face minutes of extended contraceptive counseling using the PT+3 teaching method. The extended family planning counseling visit is performed in conjunction with the 6-week postpartum visit in the office/clinic setting. The counseling services are those provided **above and beyond the routine contraceptive counseling that is included in the postpartum visit.** The purpose of this additional counseling time is to take full advantage of the window of opportunity that occurs just after delivery when the physical need for pregnancy delay is at a peak**.** Extended family planning counseling is limited to once during the 60-day post-partum period, and is not available for women who have undergone a sterilization procedure.

Services required:

- Contraceptive counseling and education
- STD/HIV risk screening and counseling
- Issuance of contraceptive supplies.

NOTE:

In the event of a premature delivery or miscarriage, the EDC, "Expected Date of Confinement", must be documented on the claim form in block 19 in order to be reimbursed for procedure code 99212-FP.

NOTE:

Norplant removal is covered only for recipients who are eligible for benefits at the time.

STD/HIV Risk Screening and (Pre-HIV test) Counseling (99401, Diagnosis Code V259)

STD/HIV screening, counseling, and testing is necessary to identify infected persons who will benefit from medical treatment and to support and encourage all persons to practice responsible sex. Patients who contract ANY type of STD are at greater risk of contracting HIV and those who are HIV+ and contract any type of STD have a much greater chance of transmitting HIV. The best way to prevent HIV is to prevent an STD. For this reason, emphasis is being placed on STD/HIV screening and counseling in lieu of HIV testing only**.** The HIV pre-test counseling code will be used even though this activity is performed in conjunction with STD risk counseling. Document on the form provided in the Attachment section.

Basic requirements of STD/HIV screening and counseling are:

1. Provide patient with materials prior to history taking
2. Determine degree of risk
3. Intervene with confrontation and counseling
4. Test for STDs and HIV as clinically indicated
5. Document using the form provided
6. Screen for risk at the initial and annual visit or as clinically indicated.

Requirements Detailed:

- Provide patient with materials prior to history taking.
- A low-literacy handout - "Just for You to Think About" that incorporates "Facts about HIV and HIV Testing" has been developed. It is to be used to introduce the subject of HIV risk assessment to the patient before the actual STD/HIV risk screening is done. This material is to be given to the patient during the registration process so that it can be read while waiting to be called for the appointment. See Attachments for a reproducible copy.
- Determine degree of risk.
- Screen for STD/HIV risk using the screening tool provided. See Attachments for a reproducible copy.

Intervene with confrontation and counseling.

a. Risk Level I - No risk factors identified. Minimal counseling required.
b. Risk Level II - At Risk – Due to exposure to blood or blood products only. limited counseling required.
c. Risk Level III - One or more risk factors present: Prevention Counseling required using the PT+3 method. Use the low-literacy handout, "STDs – Don't Let'em Break Your Heart" as a counseling aid. (See Attachments.)

- Test for STDs and HIV as indicated by screening results and clinical symptoms.
- Document using the form provided.
- Screen for risk at the initial and annual visit or as clinically indicated.

At a minimum, screening for STD/HIV risk is to be done at these visits, however screening and offering STD and HIV testing should be done as necessary or appropriate.

Please note that the pre-test counseling may be billed regardless of whether the counseling session results in the drawing of blood or of STD testing.

STD/HIV Post-Test Counseling (99402, Diagnosis Code V259)

Post-test counseling is performed to provide the patient with test results. When STD testing results in a positive finding, the patient should be called in and told of test results and treated immediately. A plan of notification of partners with treatment should be developed. Counseling should focus on immediate treatment and future prevention efforts.

Post-test counseling for HIV testing, if negative, should emphasize and reinforce the HIV prevention message imparted during the pre-test counseling session. If positive results are obtained, this counseling visit should focus on

- the meaning of the test result,
- assisting with the emotional consequences of learning the result,
- providing a referral for and stressing the importance of getting into medical care as soon as possible,
- developing a plan to prevent transmission of HIV,
- developing a plan for notification of partners, and
- justification, if needed, for a second post-test counseling visit.

Should a second post-test visit be necessary, requirements for this second session are the same as those above. Forms for documentation of HIV testing and post-test counseling are available in reproducible form in the Attachment section.

NOTE:

Each procedure code is limited to two counseling services per patient per calendar year, and must be performed in conjunction with a family planning visit.

C.2.2 Family Planning Protocols-Clinical

Visits		*INIT*	*AN*	*PER*	*IMP/PE*	*EXT/C*	*HOME*
Consent For Services		*X*	*X*	*X*	*X*	*X*	*X*
History							
	Family	X	X		X		X
	Med/Surg/OB-GYN	X	X		X		X
	Contraceptive	X	X		X		X
	STD/HIV screening	X	X		X		X
	Interim		X	X			
Blood Pressure		**X**	**X**	**X**	**X**		**X**
Weight		**X**	**X**	**X**	**X**		**X**
Physical Exam							
	Skin/General appearance	X	X	CI	X		
	Eyes/ENT	X	X	CI	X		
	Head/Neck/Thyroid	X	X	CI	X		
	Nodes	X	X	CI	X		
	Heart/Lungs	X	X	CI	X		
	Breast/SBE	X	X	CI	X		
	Abdomen	X	X	CI	X		
	Extremities/Back	X	X	CI	X		
	External genitalia	X	X	CI	X		
	Glands	X	X	CI	X		
	Vagina	X	X	CI	X		
	Cervix	X	X	CI	X		
	Uterus size/shape	X	X	CI	X		
	Adnexa	X	X	CI	X		
	Recto-vaginal	X	X	CI	X		
	Rectum	X	X	CI	X		
Laboratory							
	HGB or HCT	CI	CI	CI	CI		
	Urinalysis	CI	CI	CI	CI		
	Pap smear	X	X		CI		
	STD tests including HIV	CI	CI	CI	CI		
	Pregnancy testing	CI	CI	CI	CI		

➢ ***Table Legend***

X	Perform at this visit
CI	Do if clinically indicated
INIT	Initial
AN	Annual
PER	Periodic
IMP/PE	Implant physical exam
EXT/C	Extended family planning counseling
HOME	Home visit

C.2.3 Family Planning Protocols – Educational

		INIT	AN	Per	IMP/P	EXT/C	Home
Counseling Using PT + 3 Teaching Method							
Priority One	*Patient expressed needs or problems*	X	X	X	X	X	X
	Contraceptives: **** Listing of the various options* ****How to use* **** Side effect management*	CI	CI	CI	CI	CI	CI
	Prevention of STDs including HIV	X	X	CI	CI	CI	CI
	Breast self-exam or testicular self-exam	X	X	X	X	X	X
Priority Two	*Explanation of any screening or lab testing done*	X	X	X	X	X	X
	Services offered	X	X				
	Telephone number of office or instructions regarding the accessing of emergency care	X	X	X	X	X	X
	Folic Acid	X	X				
Priority Three	*Need for Mammogram*	X	X				
Optional	Anatomy and physiology	CI	CI	CI	CI	CI	CI

***Topic priority explanations: <u>Priority One</u>** includes those topics that MUST be discussed with the patient. All patient concerns fall in this area. **<u>Priority Two</u>** includes those topics that can be presented to the patient in a written document, with verbal follow-up. **<u>Priority Three</u>** includes those topics that can be presented in written format only, with verbal clarification done if needed or desired by the patient. At all times, if the patient wants to discuss a topic, the opportunity should be provided.

C.3 Sterilization

Counseling services involving complete information regarding male/female sterilization procedures shall be provided for the individual or couple requesting such services. These counseling services may be provided during any contraceptive visit to the office/clinic. Counseling and education should use the PT+ 3 teaching method. Full information concerning alternative methods of contraception will be discussed with the recipient.

NOTE:

The recipient is to be made aware that sterilization is considered permanent and irreversible and Medicaid does not cover the reversal of a voluntary sterilization. A "Consent to Sterilization" is a **required form**. The sterilization consent form is included with a sterilization booklet given to the recipient.

Counseling related to sterilization must include:

- Assessment of base knowledge level of the reproductive process/sterilization procedure.
- Instruction as needed.
- Listing and discussion of all reversible contraceptive methods.
- Information stressing that the sterilization procedure is considered irreversible.
- Complete explanation of the sterilization procedures using charts or body models.
- Complete information concerning possible complications and failure rates.
- Information regarding the relative merits of male versus female sterilization given to both partners, if possible.
- Information explaining that sterilization does not interfere with sexual function or pleasure.

The counselor shall in no way coerce or “talk the patient into being” sterilized.

C.3.1 Contraindications to Sterilization

The following conditions shall be considered contraindications for voluntary sterilization:

- The recipient has physical, mental, or emotional conditions that could be improved by other treatment.
- The recipient is mentally incompetent or institutionalized, regardless of age.
- The recipient is suffering from temporary economic difficulties that may improve.

- The recipient or couple feels that they are not yet ready to assume the responsibilities of parenthood.
- The recipient expresses possible wish to reverse the procedure in case of a change of circumstances.

NOTE:

If sterilization is not desired, alternate methods of contraception must be discussed.

C.3.2 General Rules

Surgical procedures for male and female recipients as a method of birth control are covered services under the rules and regulations as stated in the *Alabama Medicaid Agency Administrative Code,* Chapter 14, Rule No. 560-X-14-.04, and as set forth below.

a. The recipient must be eligible for Medicaid at the time the procedure is performed.

b. The recipient is at least 21 years old at the time informed consent is obtained.

c. The recipient is mentally competent.

d. The recipient has voluntarily given informed consent in accordance with all requirements.

e. At least 30 days, but not more than 180 days, have passed between the date of signed informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery.

f. A recipient may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery if at least 72 hours have passed since he/she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days prior to EDC (expected date of delivery). If the recipient decides to be sterilized, the provider must be responsible for referring the recipient to the proper medical source and for ensuring that the recipient is accepted by that resource. In addition, the provider shall:

g. Inform the recipient that, in accordance with federal regulations, a 30-day waiting period is required between the time the consent form is signed and the procedure is performed.

h. Provide information and instructions concerning the need for follow-up, particularly for male recipients.

i. Provide appropriate post-operative semen analysis for vasectomy recipients.

NOTE:

Payment is not available for the sterilization of a mentally incompetent or institutionalized individual. Federal regulations prohibit Medicaid coverage of sterilization for anyone less than 21 years of age.

The provider must submit a copy of the recipient's signed sterilization consent form to EDS. EDS will NOT pay any claims to ANY provider until a correctly completed appropriate form is on file at EDS.

All blanks on the consent form **must be** appropriately **completed** before Medicaid pays the provider for the sterilization procedure. The only exception is the "Race and Ethnicity," and the "Title of the person obtaining consent" designation which is optional.

NOTE:

When the claim for the sterilization procedure is submitted to EDS, the claim will suspend in the system for 21 days waiting for the approved consent form to be entered. The Saturday after the claim is keyed into the system, it will check to see if the consent form has been entered. It will check the system each Saturday, up to 21 days, for the approved consent form. After the 21st day, the claim will deny for no consent form on file. If the approved consent form is found in the system during the 21 days, it will process the claim on the Saturday it finds the form.

The sterilization consent forms shall be completed as follows.

a. The counselor must thoroughly explain the sterilization procedure to the recipient:

b. The "Consent to Sterilization" must be signed by the person to be sterilized at least 30 days prior to the procedure date. The birth date must indicate the person to be at least 21 years of age on the date the signature was obtained.

c. The person obtaining consent (counselor) and the title for that person (e.g., M.D., D.O., R.N., L.P.N., C.R.N.P., C.N.M.W.), if applicable, must be indicated on the consent form.

d. The counselor's original signature with date, as well as the recipient's signature with date, shall reflect that at least 30 days, but not more than 180 days, have passed prior to the procedure being performed. The counselor signs and dates the consent form after the recipient signs the consent form and prior to the procedure. The counselor may sign the consent form on the same date as the recipient if the counselor signs after the recipient.

e. If no interpreter is used, this section of the form must be marked as "Not Applicable" (N/A). If the "Interpreter's Statement" is signed and dated, please complete the "in_____ language" line also. The recipient and interpreter must sign and date the consent form on the same date.

f. Procedure recorded in the “Physician’s Statement”: It is necessary for the recipient (by signature) to give consent in understanding their rights relative to the sterilization. Both sections of the form should indicate the same type of procedure. However, it is not necessary that the wording of the procedure/manner in which the sterilization is performed be identical under both sections of the form. Example: “Bilateral tubal ligation” listed in the recipient’s section and “postpartum tubal ligation” listed under the physician’s section is acceptable.

NOTE:

The physician's statement must be signed or initialed by an individual clearly identified as a physician. The signature or initials are not acceptable if they are rubber stamped, unless the physician has initialed the stamp. The physician must date the certification on the same date he or she signs it.

h. Each copy of the consent form (Form 193) is used in the correct manner. Upon completion, the forms should be dispensed according to the following procedure:
    a. Original - Patient
    b. Copy 2 - EDS
    c. Copy 3 - Patient's permanent record

C.3.3 Referrals

Family planning providers shall be responsible for referring the recipient to the proper resource, and for ensuring that the recipient is accepted by the resource to which they are referred, in the following circumstances:

a. Medical/GYN problems indicated by history, physical examination, or laboratory and clinical tests, including the removal of Norplant capsules
b. Pregnancy related services.

C.3.4 Family Planning Drugs

Medically approved pharmaceutical supplies and devices, such as oral contraceptive pills, diaphragms, intrauterine devices, injections and implants are covered if provided for family planning purposes.

C.4 Plan First

Effective October 1, 2000, the Alabama Medicaid Agency initiated a new program to extend family planning and birth control services to an expanded eligibility group in Alabama who qualify for prenatal care through Medicaid’s SOBRA program. The program, called Plan First, operates under an 1115 Research and Demonstration waiver granted by the Centers for Medicare and Medicaid Services (CMS).

Under Plan First, eligible women qualify for most family planning services and supplies, including birth control pills, the Depo-Provera and Lunelle shot, doctor/clinic visits (for family planning only), and tubal ligations. Plan First does not cover any other medical services, and women who have been previously sterilized are not eligible for participation in this program.

NOTE:

Pain medications prescribed after a tubal ligation **are not** covered for a Plan First recipient.

NOTE:

If for medical reasons, a **Plan First recipient** requires an **inpatient stay** for a sterilization, **prior approval** must be requested by the physician and approved by Medicaid prior to performing the sterilization. Please contact the Plan First Program Manager at 334-353-5263 for prior approval of an inpatient stay.

C.5 Eligible Individuals

Eligible individuals are females of childbearing age between 19 and 44 years of age who meet the eligibility criteria described below. These women are identified on the Eligibility Master File with an aid category of 50.

As always, providers are responsible for verifying eligibility and coverage via PES or AVRS systems.

Eligible recipients fall into three categories; however, there is no difference in benefits. The income limit for each of these groups must not exceed 133% of the federal poverty level. The three groups are described below:

Group 1

Women 19 through 44 years of age who have SOBRA-eligible children (poverty level) are automatically eligible for family planning without a separate eligibility determination. These women are automatically eligible and are not required to complete an application.

Women who are non-citizens who are payees of SOBRA Medicaid children are sent a letter telling them how to apply for the Plan First Program.

Group 2

SOBRA poverty level pregnant women 19 through 44 years of age are automatically eligible for family planning services after 60 days postpartum without a separate eligibility determination. These women are automatically eligible and are not required to complete an application.

Group 3

Women 19 through 44 years of age who are not postpartum or who are not applying for a child may apply using a simplified shortened application. An eligibility determination is completed using poverty level eligibility rules and standards.

C.6 Plan First Provider Enrollment

Participation in Plan First is open to any provider who wishes to be Medicaid enrolled and executes a Plan First agreement. Only those Plan First enrolled providers are able to service Plan First eligibles. Providers can be clinics, private physicians, nurse midwives, nurse practitioners, or physician assistants. Providers are bound by the requirements in the Appendix C of the Alabama Medicaid Provider Manual; The American College of Obstetrics and Gynecology, 1996; and the approved 1115 Research and Demonstration Waiver.

In addition to enrolling as a Medicaid provider through EDS, the provider must complete a Plan First agreement.

Plan First providers must agree to receive and distribute oral contraceptives provided through the Alabama Department of Public Health as described in the section entitled, Distribution of Oral Contraceptives to Plan First Providers.

Clinics and clinic-based providers (Health Departments, FQHCs, and RHCs) are enrolled as one group. Individual providers within these groups are not required to individually enroll. Plan First recipients have the option of using any provider within these groups. Once a provider has enrolled as a Plan First provider, a specialty code of F7 will be added to the provider file. In order for claims to process for Plan First recipients, this specialty code must be present on the provider file.

Providers that perform only tubal ligations do not have to enroll as a Plan First provider. This includes surgeons and anesthesiologists as well as outpatient surgery centers.

If you have further questions regarding this program or if you wish to enroll, please call the Plan First Program Manager at (334) 353-5263. Recipients may call the Plan First hotline toll-free at 1-888-737-2083 for more information.

C.6.1 Network List

The Alabama Medicaid Agency maintains a listing of all providers who have enrolled to provide services to Plan First eligibles. The list is sorted alphabetically by the provider's last name (clinics are listed by the first word in the clinic name). The list contains the provider's address and phone number and is sorted by the provider's county of practice. The list is made available to all Plan First case managers and staff of the Plan First toll free hotline, and will also be available to any other party who may be assisting women in locating a Plan First provider. The list is available online at the Alabama Medicaid web site (http://www.medicaid.state.al.us) as well as in printed form.

Confidentiality

Providers agree that any information obtained through this program is confidential and will not be disclosed directly or indirectly except for purposes directly connected with the conduct of this program. The informed, written consent of the individual must be obtained for any disclosure.

Availability of Records

The provider shall make available for review and audit by authorized representatives of the Alabama Medicaid Agency at all reasonable times, the medical records pertaining to the services rendered to program recipients.

C.7 Plan First Benefits and Limitations

Services covered are the same as current Medicaid family planning services unless otherwise noted. See Section C.2 for a listing of these. Please note; however, that **Plan First is for women only,** services for male family planners are not a part of the Plan First program.

Oral Contraceptives

Plan First recipients who choose to use oral contraceptives (OCPs) are to obtain them from their service provider. **Prescriptions for OCPs for Plan First patients will not be honored.** OCPs will be made available - at no cost to the provider - to all enrolled Plan First providers by the Alabama Department of Public Health. **These oral contraceptives are for Plan First recipients only.**

NOTE:

The oral contraceptives/Ortho Evra patches are **only** for women on the Plan First Program. The oral contraceptives/Ortho Evra patches **are not** to be given to women on SOBRA Medicaid. A prescription for oral contraceptives or the Ortho Evra patch is to be written for women on SOBRA Medicaid.

NOTE:

For FQHCs, PBRHCs & IRHCs only

The dispensing fee for birth control pills is a non-covered service and Medicaid's Fiscal Agent will deny any claim submitted with procedure code S4993 or J3490 SE.

For accounting purposes, a quarterly summary report in excel format identifying the provider name, provider number, and the total number of birth control pills and patches distributed by each provider is required for each calendar quarter (January - March; April - June; July - September; and October - December.). This quarterly summary report is due by the end of the 1st week following each quarter. For example, the April - June 2004 quarterly report is due by July 9, 2004. This quarterly summary report must be submitted via e-mail to lpayne@medicaid.state.al.us.

Providers distributing oral contraceptives and patches will be reimbursed a dispensing fee for each pack distributed up to 13 units. Pills and patches are to be dispensed in the manner that prescriptions are normally written. If the usual practice is to give an initial prescription for 3 months, then dispense 3 packs. If an annual prescription is usual, dispense a year's supply or 12-13 packs. On occasion, a patient may receive a 13-month supply, and then may require a contraceptive change or replacement due to loss. In these situations it is acceptable to provide more pills or patches. Claims are to be submitted to the Alabama Medicaid Agency for the total number of packs provided to a patient.

NOTE:

One box of Ortho Evra Patches contains three patches, enough for one cycle. Therefore, one box of patches equals 1 unit.

Contraceptive orders are to be placed on the Contraceptives Order Form. (See Attachments.) Orders will be processed in increments of whole cases, as described on the order form. These forms may be photocopied. See attachments for a reproducible copy or a copy may be requested by contacting the ADPH Plan First Representative at (334) 206-2795.

Efforts will be made to offer a variety of contraceptives, however, if an oral contraceptive is determined to be medically necessary for a specific patient and is not routinely offered, consult the Medicaid Plan First Program Manager at (334) 353-5263.

Providers should maintain a minimum one-month supply, if possible, and reorder before pills/patches are depleted. **Please order only what is needed.**

In the event of a manufacturer pill shortage, providers will be notified and alternate pills will be shipped upon request.

Order forms will be accepted by mail at the address below or by fax at (334) 206-2950 and will be processed within 5 working days of receipt of order form. Shipping will be via UPS.

Providers with questions may contact the Bureau of Family Health Services Plan First Representative at (334) 206-2795.

NOTE:

Providers should mail order forms to:

Alabama Department of Public Health
BFHS/Plan First, Suite 1350
Post Office Box 303017
Montgomery, Alabama 36130-3017

C.7.1 Care Coordination

Medicaid will reimburse for care coordination services provided to a Plan First recipient. Care coordination services are designed to provide special assistance to those women who are at high risk for an unintended pregnancy and allow for enhanced contraceptive education, encouragement to continue with pregnancy spacing plans and assistance with the mitigation or removal of barriers to successful pregnancy planning. These services must be provided by licensed social workers or registered nurses associated with the Department of Public Health. Services are available to all Plan First recipients, regardless of the service provider. Should care coordination services be needed, a referral can be made by calling the local health department and asking for the Plan First Care Coordinator.

As mentioned above, the goal of care coordination is to form a partnership with the patient to address impediments to successful family planning. The bio-psychosocial model of care coordination is used to achieve this goal and includes:

- A bio-psychosocial assessment and development of case plan for all patients who accept care coordination.
- Counseling regarding sexuality, family planning, HIV/AIDS, STDs, and psychosocial issues identified in the assessment, such as substance abuse or domestic violence.
- Referrals and follow up to ensure appointments are kept, including subsequent family planning visits.
- Answers to general questions about family planning.
- Low-literacy family planning education based on the PT+3 model.
- Consultation with providers regarding problems with the selected family planning method.

The care coordinator will work diligently with family planning providers to ensure that patients receive care coordination services in a timely manner. All Plan First patients are eligible to receive an initial risk assessment to determine if and what type of care coordination services is needed.

C.7.2 Patient Choice/Consent for Service

As with any family planning visit, the recipient must have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary without any form of duress or coercion applied to gain such acceptance. **Recipients are required to give written consent prior to receiving family planning services.**

C.8 Cost Sharing (Co-payment)

Medicaid recipients and Plan First beneficiaries are exempt from co-payment requirements for family planning services.

There are to be no co-payments on prescription drugs/supplies that are designated as family planning.

Plan First Claims Information

Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

Claims for oral contraceptive/ortho evra patch dispensing - To obtain a fee for the dispensing of pills/patches, submit claims using the code S4993 (birth control pills) and J3490 SE (Ortho Evra patch) and place the number of units (1 unit = 1 pack) in block 24 G on the CMS-1500 to indicate the number of pill packs/patches dispensed. This claim is in addition to any service claims.

NOTE:
Procedure code S4993 and J3490 SE is TPL exempt.

Claims for family planning services - See sections C.10, Completing the Claim form and C.10.2 and C.10.3 for diagnosis and procedure codes. Service requirements per visit are detailed in Section C.2.2, Family Planning Protocol - Clinical.

Non-enrolled providers who are billing for a tubal ligation or a tubal ligation with a family planning visit must submit a hard copy claim to EDS in order to receive reimbursement. The approved Plan First tubal codes are 58600, 58615, 58670, and 58671. The Plan First family planning visit codes are 99205-FP(initial), 99214-FP (annual), or 99213-FP (periodic). In addition to these codes, the diagnosis code V25.9 must be used.

If the sterilization is **not** performed, the non-enrolled provider must use the V25.9 diagnosis code with procedure code 99205-FP, 99214-FP or 99213-FP.

For information about Third Party Liability, please refer to Section 3.3.6, Third Party Liability.

Quality Assurance Overview

As with any waiver, there is a requirement for Quality Assurance monitoring and complaint/grievance resolution.

The Waiver has four major goals:

- To assure accessibility of family planning services to eligible clients,
- To assure that client assessments include the assessment and care plan appropriate for the risk level,

- To assure that the family planning encounters provided through enrolled providers follows the guidelines in the Appendix C, Plan First, of the Alabama Medicaid Provider Manual; The American College of Obstetrics and Gynecology, 1996; and
- To ensure that an effective complaint and grievance system is in place for both providers and recipients.

The Waiver has provisions for UAB to assist in providing outcome and summary reports to support effectiveness of the Program. This will enable comparisons between different sectors of populations and historical data.

Through referral from a Plan First Provider, the Waiver has approved Care Coordinators to assist patients who are assessed to be at high risk of an unintended pregnancy. The Care Coordinators will make and follow a plan to aid the high-risk patients in avoiding unintended pregnancies through improved compliance and informed decisions about Family Planning services.

The Alabama Medicaid Agency is responsible for Quality Assurance, Complaint and Grievance Resolution, and Utilization Monitoring. In order to accomplish these Waiver requirements, the Agency will implement several monitoring functions as outlined below:

- Utilization reports from claims data to monitor trends and utilization,
- Sample random review of Provider and Care Coordinator records for documentation standards,
  - Monitor Care Coordinator activity,
  - Review Summary Reports, (Care Coordinator and UAB)
- Request Plans of Correction for documentation not meeting standards (standards as outlined above), and
  - Coordinate complaints and grievances to acceptable resolution.

C.9 Services Other Than Family Planning

Services required to manage or treat medical conditions/diseases whether or not such procedures are also related to preventing or delaying pregnancy are not eligible as family planning. Many procedures that are done for “medical” reasons also have family planning implications.

- Sterilization by hysterectomy is not a family planning covered service.
- Abortions are not covered as a family planning service. Refer to Chapter 28, Physician's Program, for details about abortions.
- Hospital charges incurred when a recipient enters the hospital for sterilization purposes, but then opts out of the procedure cannot be reimbursed as a family planning service.
- Removal of an IUD due to a uterine or pelvic infection is not considered a family planning service, and is not reimbursable as such.
- Colposcopy and biopsy of cervix/vagina performed to identify and treat medical conditions are not considered family planning services.
- Diagnostic or screening mammograms are not considered family planning services.

- Medical complications requiring treatment (for example, perforated bowel) caused by or following a family planning procedure are not a covered family planning service.
- Any procedure or service provided to a woman who is known to be pregnant is not considered a family planning service.
- Removal of contraceptive implants due to medical complications are not family planning services.

C.10 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

- Providers who bill Medicaid claims electronically receive the following benefits:
- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information.

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, an CMS-1500 claim form is required.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

C.10.1 Time Limit for Filing Claims

➢Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online

Medicaid requires all claims for family planning to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits, for more information regarding timely filing limits and exceptions.

C.10.2 Diagnosis Codes

V2501	Prescription of Oral Contraceptives
V2502	Initiation of other contraceptive measures – fitting of diaphragm, prescriptions of foams, creams, or other agents
V2509	Other – Family planning advice
V251	Insertion of intrauterine contraceptive device
V252	Sterilization Admission for interruption of fallopian tubes or vas deferens
V2540	Contraceptive surveillance, unspecified
V2541	Contraceptive Pill
V2542	Intrauterine contraceptive device – Checking, reinsertion, or removal of intrauterine device
V2543	Implantable subdermal contraceptive

V2549	Other contraceptive method
V255	Insertion of implantable subdermal contraceptive (Norplant)
V258	Other specified contraceptive - management post vasectomy sperm count
V259	Unspecified contraceptive management

NOTE:

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4 or 5 digits). Do not use decimal points in the diagnosis code field.

C.10.3 Family Planning Indicator References

Providers must complete the Family Planning Indicator, as applicable. "Y or "N" are the only valid indicators, when filing electronic claims.

C.10.4 Procedure Codes and Modifiers

The (837) Professional and Institutional electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

Collection of laboratory specimens may be billed only when sending specimens to another site for analysis if the other site is not owned, operated, or financially associated with the site in which the specimen was collected.

The collection fee may not be billed if the lab work is done at the same site where the specimen was collected or in a lab owned, operated, or financially associated with the site in which the specimen was collected.

Providers will not be paid for and should not submit claims for laboratory work done for them by independent laboratories or by hospital laboratories.

Providers may submit claims for laboratory work done by them in their own offices or own laboratory facilities. Providers who send specimens to independent laboratories for analysis may bill a collection fee. This fee shall not be paid to any provider who has not actually extracted the specimen from the patient.

NOTE:

Providers should use procedure code 36415-90 for routine venipuncture collection, 36416-90 for collection of capillary blood specimen(eg, finger, heel, ear stick) and Q0091-90 for collection of Pap smear specimen.

NOTE:

Family planning visits do not count against the recipient's office visits when the procedure codes listed below and the appropriate family planning indicator are used.

Code	Procedure Description
99420	Low Risk assessment; use with modifier 22 for high-risk assessment. *For Plan First patients only – to be billed only by health departments.*
99403	Care coordination. *For Plan first patients only – to be billed by health departments only.*
99402	STD/HIV Post-test Counseling (Must be billed in conjunction with a family planning visit) – Limited to two per recipient per calendar year. (Must use diagnosis code V259)
99401	STD/HIV Risk Screening and HIV Pre-test Counseling (Must be billed in conjunction with a family planning visit) – Limited to two per recipient per calendar year. (Must use diagnosis code V259)
88305	Level IV Surgical Pathology, gross and microscopic examination
88304	Level III Surgical Pathology, gross and microscopic examination
88302	Surgical pathology, gross and microscopic examination
88300	Level I Surgical Pathology, gross examination only
89300	Semen analysis; presence and/or motility of sperm *(not applicable for Plan First)*
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening, under physician supervision.
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision.
88167	Cytopathology, slides, cervical or vaginal
88166	Cytopathology, slides, computer assisted rescreening
88165	Cytopathology, slides, cervical or vaginal
88164	Cytopathology, slides, cervical or vaginal
88162	Cytopathology, any other source
88161	Cytopathology, any other source
88160	Cytopathology, smears, any other source
88155	Cytopathology, slides, cervical or vaginal
88154	Cytopathology, slides, computer assisted
88153	Cytopathology, slides, manual screening & rescreening under physician supervision (use in conjunction with 88142-88154, 88164-88167)
88152	Cytopathology, slides, cervical or vaginal
88150	Cytopathology, manual screening under physician supervision
88148	Cytopathology, screening by automated system with manual rescreening
88147	Cytopathology smears, screening by automated system under physician supervision
88143	Cytopathology, manual screening & rescreening under physician supervision
88142	Cytopathology, cervical or vaginal, automated thin layer preparation
88141	Cytopathology, cervical or vaginal; requiring interpretation by physician (use in conjunction with 88142-88154, 88164-88167)
88108	Cytopathology, concentration technique, smears and interpretation
87850	Neisseria gonorrhea
87797	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique
87622	Papillomavirus, human, quantification
87621	Papillomavirus, human, amplified probe technique
87620	Papillomavirus, human, direct probe technique
87592	Neisseria gonorrhea, quantification
87591	Neisseria gonorrhea, amplified probe technique
87590	Neisseria gonorrhea, direct probe technique
87539	HIV-2, quantification
87538	HIV-2, amplified probe technique
87537	HIV-2, direct probe technique
87536	HIV-1, quantification
87535	HIV-1, amplified probe technique
87534	HIV-1, direct probe technique
87533	Herpes virus-6, quantification
87532	Herpes virus-6, amplified probe technique
87531	Herpes virus-6, direct probe technique
87530	Herpes simplex virus, quantification
87529	Herpes simplex virus, amplified probe technique
87528	Herpes simplex virus, direct probe technique

Code	Procedure Description
87512	Gardnerella vaginalis, quantification
87511	Gardnerella vaginalis, amplified probe technique
87510	Gardnerella vaginalis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Amplified probe technique.
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Direct probe technique.
87482	Candida species, quantification
87481	Candida species, amplified probe technique
87480	Candida species, direct probe technique
87220	Tissue examination for fungi
87210	Smear, primary source, with interpretation, wet mount with simple stain, for bacteria, fungi, ova, and/or parasites
87207	Smear, primary source, with interpretation, special stain for inclusion bodies or intracellular parasites (e.g., malaria, kala azar, herpes)
87206	Smear, primary source, with interpretation, fluorescent and/or acid fast stain for bacteria, fungi, or cell types
87205	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types
87177	Smear, primary source, with interpretation, wet and dry mount for ova and parasites, concentration and identification
87164	Dark field examination, any source; includes specimen collection
87110	Culture, chlamydia
87081	Culture, bacterial, screening only, for single organisms
86703	HIV – 1&2
86702	Antibody HIV-2
86701	HIV – 1
86695	Herpes simples, type 1
86694	Herpes simplex, non-specific type test
86689	HTLV or HIV antibody
86593	Syphilis
86592	Syphilis
85032	Manual cell count (erythrocyte, leukocyte or platelet) each
85027	Blood count; RBC only
85025	Blood count; hemogram and platelet count, automated, and automated complete differential WBC count (CBC)
85018	Blood count; hemoglobin
85014	Blood count; other than spun hematocrit
85013	Blood count; spun microhematocrit
85009	Blood count; differential WBC count, buffy coat
85008	Blood count; manual blood smear examination without differential parameters
85007	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
84703	HCG qualitative
84702	HCG quantitative
81025	Urine pregnancy test
81020	Urinalysis; two or three glass test
81015	Urinalysis microscopic only
81007	Urinalysis; bacteriuria screen, by non-culture technique, commercial kit
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81003	Urinalysis; automated without microscopy
81002	Urinalysis; non-automated without microscopy
81001	Urinalysis; automated with microscopy
81000	Urinalysis by dip stick or tablet reagent
58671	Tubal ligation by laparoscopic surgery
58670	Tubal ligation by laparoscopic surgery
58615	Tubal ligation by suprapubic approach
58611	Tubal ligation done in conjunction with a c-section (*Not applicable for Plan first)*
58605	Tubal ligation by abdominal approach (postpartum) (*Not applicable for Plan first)*
58600	Tubal ligation by abdominal incision
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58301	IUD removal

Added: 58565

Code	Procedure Description
58300	IUD insertion
57170	Diaphragm – fitting with instructions
55450	Vasectomy (*Not applicable for Plan first)*
55250	Vasectomy (*Not applicable for Plan first)*
11980	Subcutaneous Hormone Pellet implantation (implantation of estradiol and/or testosterone beneath the skin)
11976	Norplant – implant removal
00940	Anesthesia for vaginal procedures; not otherwise specified
00860	Anesthesia for extraperitoneal procedures in lower abdomen
00851	Anesthesia Intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection.
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00820	Anesthesia for procedures on lower posterior abdominal wall
00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
J1056	Lunelle
J1055	Depo-Provera – 150mg/ml – Limited to one injection *every 70 days*
J7302	Mirena IUD
J3490-SE	OrthoEvra Patch (To be used for billing by Plan First Private Providers) TPL exempt
J3490-FP	Ortho Evra Patch (For Health Department Billing Only) TPL exempt
J7303	Vaginal Ring *(Not applicable for Plan First)*
99205-FP	Initial visit
99214-FP	Annual visit
99213-FP	Periodic visit
99347-FP	Home visit – Limited to one per 60 day post-partum period. *(Not applicable for Plan First)*
S4993-FP	Birth control pills (For Health Department billing only)
90471, 90782	Administration fee for injections Effective 2/1/2005 you may also use 90783 – 90788.
99212-FP	Extended contraceptive counseling visit (May be billed alone or in conjunction with the postpartum visit – Limited to one service during the 60 day postpartum period.) *(Not applicable for Plan First.)*
S4993	Birth control pills (To be used for billing by Plan First Private Providers)
J7300	Mechanical (Paragard) IUD
S4989	Hormonal (Progestasert) IUD
Q0091	Collection of Pap smear specimen
Q0111	Wet mounts
36415-90	Routine venipuncture for collection
36416-90	Collection of capillary blood specimen (eg, finger, heel, ear stick)

C.11 Attachments

- Just for you to think about (Handout)
- STD/HIV Screening and Documentation Forms
- STDs – Don't' let 'em break your heart (Handout)
- Sterilization Consent Form
- Plan First Pill Order Form
- Plan First Pill Agreement

These handouts are available through Outreach and Education (334-353-5203)

- How to do a Breast Self-Exam (Handout)
- Folic Acid for Women for healthy babies (Handout)
- Birth Control Method Sheets (Handout)
- Just for you to think about (Handout)
- STD/HIV Screening and Documentation Forms
- Sterilization Consent Form

NOTE:

Please go to the Alabama Medicaid Agency web site to access the Alabama Medicaid Product Catalog for any forms that you may need to order. The web address is www.medicaid.state.al.us.

Facts About HIV And HIV Testing

What is the HIV test?
The HIV test is a blood test. A health care worker takes a blood sample from your arm and sends it to the lab. In about two weeks you get the results from the place that gave you the test.

What do the results mean?
If you are HIV positive, that means you have HIV antibodies in your blood. If there are no antibodies, the test is HIV negative – for now. It can take up to 6 months after you get the HIV virus for antibodies to show up in your blood. If you have had a recent chance of getting the HIV virus, then you need to get another test in 6 months. Talk this over with your health care worker.

Should you get the test?
If there is any chance you may have the HIV virus then you should get the test. Just because you look healthy does not mean you are healthy. You may have the HIV virus and not know it. You should get tested if:

- You use alcohol or drugs.
- You've had a STD (sexually transmitted disease).
- You've been forced to have sex.
- You've had sex without a condom, or your partner has had sex with someone besides you.
- You or your sex partner was given blood before 1985.
- You are thinking about having a baby.

If you are HIV positive, medical care can help you live healthier and longer.

If you are thinking of getting pregnant, getting an HIV test is very important. Knowing if you have HIV will help you know the risks of passing the virus on to your baby. If you are pregnant, knowing if you are HIV positive will help your doctor make the best decisions about the care of you and your baby. New drugs can cut the risks of passing the virus to the baby, but there is still some risk.

If you test negative

Talk to your health care worker about having another test in 6 months. Then:

- Use condoms EVERY TIME you have sex.
- DO NOT use needles that have been used by anyone else.
- Get all the information you can about how to keep from getting the HIV virus.

If you test positive

- Get medical care NOW!
- AVOID HAVING SEX OR USE A CONDOM EVERY TIME YOU HAVE SEX.

This will lessen the chance that you will pass the virus on and that you will get an STD. If you are HIV positive, it will be easier for you to give and get any kind of sex disease.

If you test HIV positive: that does NOT mean you have AIDS. The HIV virus weakens the immune system. When that happens, your body cannot fight off infections or disease. Later, AIDS can result. There is much that can be done now to give hope to those with HIV.

If you are HIV positive
Sadness is normal. Finding out you are HIV positive can cause pain, confusion and sadness. You are not alone. There are many places where you can get help. Your health care worker can tell you about them. Not only can you get medical help, you can get help with your feelings too.

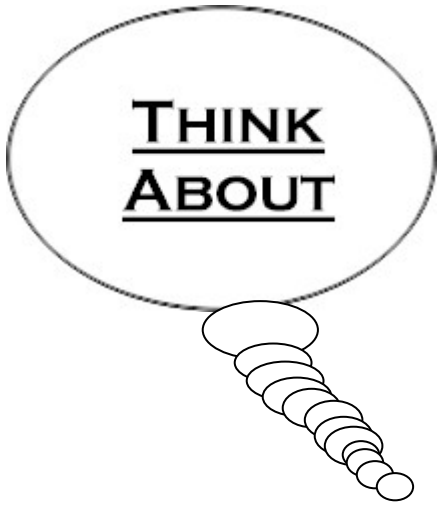
Can you give HIV to your family and friends?
No – not with casual contact. HIV is passed on through sharing needles and by having unprotected sex. Touching, hugging or eating with your friends or family will not spread the HIV virus.

Make a plan

Protect Yourself

While you are waiting, here are some things

Just for you to ...



Thanks for coming to see us for your exam!

Please answer the following questions and let the nurse know when you are finished.

Even though you don't want to even think about getting pregnant now –

You DO need to . . .

THINK ABOUT SEX.

Think about sex as Your Decision.
No one should talk you into or force you to have sex.
If you want to know how to say "NO!"

_____ Check here

Think about talking to your family about your sexual feelings. Sometimes they can help.

The ONLY way to keep from getting a sex disease is to stop having sex!

A way to be safer while having sex is to use a condom (rubber) EVERY TIME!

THINK ABOUT BIRTH CONTROL

Circle it

Which one do you plan to use?

Saying "No"	Diaphragm
Sterilization	Condoms (Rubbers)
The Pill	Foam and Condoms
The Shot	IUD
Norplant	Natural Family Planning

THINK ABOUT FOLIC ACID

Folic Acid is one of the B vitamins. ALL women who ever want to have a baby need to take folic acid. This vitamin may help to keep a future baby from having a birth defect called spina bifida.

- Take a multivitamin every day **and**
- Eat foods that have folic acid in them.

If you want more information about Folic Acid foods

____ Check here

THINK ABOUT TAKING CARE OF YOURSELF

- IF you smoke – TRY TO STOP.

Do you want information on how to stop smoking?

____ Check here

- IF you think you have an alcohol or drug problem. Do you want help?

____ Check here

Ever tried to stop drinking or using drugs and couldn't?

Have family or friends ever been bothered by your drug or alcohol use?

If YES, you may need help.

- Have you been hit, kicked, slapped or hurt by anyone close to you in the past year? If you have – please let us know. Living with abuse is not really living at all. Do you need help to live a safer life?

____ Check here

If you are 40 or over get a mammogram.

Want some information on mammograms?

_____ Check here

While you're thinking…

If you THINK you WANT to get pregnant let us know. We are here to help you plan ahead!

What can we help you with today?
Please tell us what problem you would like to discuss with the nurse.
Write here:

_____
_____
_____

You need to know

Clinic Telephone Number
_____

Birth control supply appointment
_____

Next exam due
_____

Remember to think about
1. _____
2. _____
3. _____

Patient Name_____ Sex: M F Today's Date _____

STD/HIV Risk Screening and Intervention Tool

Questions/Risk Factors	YES	NO
1. Have you had a blood transfusion or received any blood products prior to 1985? ***Blood exposure?***		
2. Have you ever had a job that exposed you to blood or other body fluids? Like a nursing Home or a day care or hospital? Doctor's office? Funeral Home? ***Occupational exposure?***		
3. Your medical history tells me that you (do or do not have) the free bleeding disease called Hemophilia. Is that correct? ***Has Hemophilia?***		
4. Has the use of alcohol or any other drug ever caused you to do things sexually that you Normally would not do? ***Risky use of alcohol or non-IV drugs?***		
5. Have you **ever** put drugs of any type into your veins? ***Ever an IV drug user?***		
6. Have you ever had any type of infection of the sex organs? ***History of STDs?***		
7. Think about the first time you had sex. (Since your last HIV test?) Have you had sex With more than one partner since then? What about your current partner? ***Multiple Sex Partners***?		
8. Some women and some men use sex to get things they need. Have you ever had to do this?		
9. Have you ever been hit, kicked, slapped, pushed or shoved by your partner? ***History of Abuse?***		
10. Some women/men prefer sex with men, some with women and some with both. What type of partner do you prefer? **Circle One: Man Woman Both**		
11. **As far as you know,** have you ever had sex with someone who		
a. was a free bleeder or Hemophiliac?		
b. had HIV or AIDS or an STD?		
c. was a man who had sex with men?		
d. used IV drugs or put drugs into their veins?		
e. was a prostitute - either male or female?		
NOTE: For screening after a previous negative HIV test, ask, "Since your last HIV test ..."		

Documentation instructions and explanations:

1. **Yes or No.** Blood transfusion prior to 1985 places the person at risk for HIV/AIDS.
2. **Yes or No**. Any profession that exposes the patient to body fluids creates a risk for HIV/AIDS.
3. **Yes or No**. Yes, if the patient has Hemophilia; No, if does not have the disease. Hemophilia itself does not create risk for HIV, but the use of blood and blood products by the patient does create risk for HIV/AIDS.
4. **Yes or No.** Use of alcohol or non-IV drugs in a setting/manner that results in sexual risk taking places a person at risk for both STDs and HIV.
5. **Yes or No.** IV drug use is a risk factor for HIV specifically.
6. **Yes or No**. A history of any STD places the patient at risk for another STD including HIV/AIDS.
7. **Yes or No.** Having more than one partner places a patient at risk for both STDs and HIV, unless the partners were prior to 1978.
8. **Yes or No**. Exchanging sex for anything places a person at risk for both HIV and STDs.
9. **Yes or No.** Any type of abuse or coerciveness that the patient has experienced places the patient at risk for both HIV and STDs
10. **Circle** the appropriate choice. Male homosexuality and/or male bisexuality are risk factors for HIV/AIDS.
11. **a-e. Yes or No.** Any Yes answer is considered a risk factor for both STDs and HIV/AIDS.

Intervention Documentation: Circle the intervention taken

Level I: - No risk factors identified – No counseling required. Offer "STDs – Don't…" Handout – because "sometimes we change". HIV testing w/counseling is optional – at patient request.

Level II: Risks are related to blood products exposure ONLY – Recommend HIV test. Inform of need for and explain universal precautions. Use "STDs – Don't… " handout.

Level III: Any other risk factor present - significant risk exists. Recommend strongly the HIV test. Test for other STDs as CI. Provide prevention counseling about need for change in (specifically identified) habits and importance of protected sex. Use "STDs – Don't…" handout. Provide skill training in use of condom and in negotiation skills.

Remember: All patients should be given information the handout, "Facts about HIV and HIV testing."

Documentation of HIV testing:

❑ ***HIV Testing Done*** ❑ ***<u>NO</u> HIV Test drawn***

IF Patient declined, why? Circle One

***** I am not at risk,
***** Do not want to know,
***** Other

Follow-up Notes:

Signature/title of counselor _____ Date _____

HIV Post Test Counseling
HIV Test Results: Date _____

❑ **HIV positive**
- ○ Test results explained
- ○ Provided emotional assistance related to test result
- ○ Explained need to notify partners/contacts
- ○ Offered options for partner notification
- ○ Stressed need for transmission prevention
- ○ Explained need for early medical evaluation & treatment

❑ **HIV Negative**
- ○ Test results explained
- ○ Counseled re need for safe sex practices
- ○ Scheduled for retest on _____

❑ **Indeterminate**
- ○ Test results explained
- ○ Counseled re need for safe sex practices
- ○ Scheduled for retest on _____

Referrals made:
- ❑ Mental Health_____
- ❑ Partner notification services _____
- ❑ Other Health Care Provider_____
- ❑ Social Services_____
- ❑ Retesting
- ❑ Other_____

Retest Results (Date) _____

Positive Negative Indeterminate

Follow-up Notes:

Additional Post- test counseling

Reason:

Points covered:

Signature/title of counselor _____ Date _____

STDs
Don't Let'em Break Your Heart!

STDs? What are you talking about?

STDs are sexually transmitted diseases (diseases passed mainly during vaginal, anal or oral sex.)

STD germs are passed:

- In semen (cum)
- In vaginal fluid
- In blood
- Through skin breaks

Some common STDs are:

- Syphilis
- Gonorrhea
- Herpes
- Chlamydia
- HIV, the virus that causes AIDS, and Hepatitis B are two other STDs. They are also passed by sharing needles to inject drugs, pierce body parts, make tattoos or for any other reason.

STDs? What do they look like?

Some STDs cause symptoms on or near sex organs. Some signs of STDs are:

- Blisters
- Warts
- Sores
- Itching
- Swelling
- Dripping
- Pain when going to the bathroom

Sores can also show up in the mouth.

Some people get a skin rash.

STDs can hurt you and the ones you love. If STDs are not treated early they can lead to:

- Not being able to have children
- Cancer
- Brain damage
- Birth defects

Some infected people have NO symptoms at all!

AIDS can't be cured.
Some people die from AIDS.

Women can pass AIDS and some STDS to their babies:

- Before birth
- During birth
- While breastfeeding

How can I stay free from STDs?

The safest way is to not have sex. It's the **only sure** way to prevent getting STDs through sex.

No sex doesn't mean no fun!
You can still show your feelings without having sex by:

- Touching and hugging
- Dry kissing --it's safe if you never touch a sore on the mouth or skin.)

Don't drink or use other drugs.

You might take chances with sex if you do.

If you do have sex, stay with one partner. .. ..

Sex is safest if both you and your partner:

- Do **not have** HIV or an STD
- Have **never** had sex with anyone else
- Have **never** shot drugs

All it takes is
ONE TIME
with an infected person to get an STD !

Always use a new latex condom

If you have vaginal, anal or oral sex.

- Read the package. Make sure the condom protects against STDs
- Keep condoms in a dry place, away from heat and sunlight.
- Put the condom on as soon as the penis is hard and before any vaginal, anal or oral contact.
- Hold the tip of the condom. Unroll it to the base of the penis.
- Use K-Y Brand Jelly (or another water-based lubricant) for vaginal and anal sex. But, don't use petroleum jelly, lotions or any oils.
- The male should pull out right away after coming. Hold on to the condom when pulling out.

Take care of your health. Have regular checkups.

If you think you might have an STD, go to:

- A health-care provider
- A health clinic

Simple tests can show if you have an STD.

Don't have sex until you have a checkup.

If you do have an STD:

- Follow what your health care provider says.
- Tell any sex partners to get checked
- Keep in mind that you can get the same STD more than once.

For more information call:

CDC National STD Hotline
1-800-227-8922

CDC National AIDS hotline
1-800-342-2437 (English)
1-800-344-7432 (Spanish)

The calls are free

Not having sex is the ONLY sure way to avoid passing STDs.
Using a condom properly can help protect you.

Play it safe, prevent STDs now!

STERILIZATION CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITH HOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from (Doctor/Clinic) _____. When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered <u>permanent</u> and <u>not reversible</u>. I have decided that I do not want to become pregnant, bear children or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the with-holding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on (Month/Day/Year) _____. I, _____, hereby consent of my own free will to be sterilized by (Doctor) _____, by the method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about this operation to: Representative of the Department of Health and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed. I have received a copy of this form.

(Signature) _____ (Date) _____

(Typed/Printed Name) _____

Recipient's Medicaid Number) _____

You are requested to supply the following information, but it is not required:

Race and Ethnicity Designation (please check)

_____ American Indian or Alaska Native
_____ Asian or Pacific Islander
_____ Black (not of Hispanic origin)
_____ Hispanic
_____ White (not of Hispanic origin)

INTERPRETER'S STATEMENT

(If an interpreter is provided to assist the individual to be sterilized) I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining the consent. I have also read him/her the consent form in the _____ Language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(Interpreter) _____ (Date) _____

Original – Patient
Copy 2 –EDS
Copy 3 – Patient's Permanent Record

STATEMENT OF PERSON OBTAINING CONSENT

Before (Patient's Name) _____ signed the consent form, I explain to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

(Signature) _____ (Date) _____

(Title of Person Obtaining Consent) _____

(Typed/Printed Name) _____

(Facility) _____

(Address) _____

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon (Patient's Name) _____ on (Date) _____, I explained to him/her the nature of the sterilization operation (Specify Type of Operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph, which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):
   (1) _____ Premature delivery:
   Individual's expected date of delivery: _____
   (2) _____ Emergency abdominal surgery:
   (Describe circumstances using an attachment)

(Signature) _____ (Date) _____

(Typed/Printed Name of Physician) _____

(Medicaid Provider Number) _____

Alabama Medicaid Agency

Form 193 (Revised 8-30-02)

Checklist for Consent Form Completion

Sterilization Claim & Primary Surgeon's Responsibility

It is the responsibility of the performing surgeon to submit a copy of the sterilization consent form to EDS. Providers other than performing surgeon should not submit a copy of consent form to EDS. Receipt of multiple consent forms slows down the consent from review process and payment of claims. Therefore, please do not forward copies of completed consent forms to other providers for submission to EDS.

When the claim for the sterilization procedure is submitted to EDS, the claim will suspend in the system for 21 days waiting for the approved consent form to be entered. The Saturday after the claim is keyed into the system, it will check to see if the consent form has been entered. It will check the system each Saturday, up to 21 days, for the approved consent form. After the 21st day, the claim will deny for no consent form on file. If the approved consent form is found in the system during the 21 days, it will process the claim on the Saturday it finds the form.

Sterilization Consent Form

Clarification of the completion of the sterilization consent form reflecting CMS regulations and Alabama Medicaid policy (refer to the current Appendix C of the Alabama Medicaid Provider Manual and 42CFR50 Revised October 1, 2001):

a) All blanks on the consent form must be appropriately completed before the State may pay the provider for sterilization procedure. The only exception is the Race, Ethnicity, and Title of person obtaining consent, which is optional.

b) The "Consent to Sterilization" must be signed by the person to be sterilized at least thirty days prior to the procedure date. The birth date must indicate the person to be at least twenty-one (21) years of age on the date the signature was obtained.

c) The interpreter, if one is used, must sign and date the consent the same day the recipient signs. In instances where the interpreter signs any date other than the date recorded by the recipient, the claim will be denied. If no interpreter is used, this section of the form must be marked as "not applicable" (N/A). If the Interpreter's Statement is signed and dated, please complete the "form of language" line also.

d) When it is not known in advance which specific physician will perform the procedure, it is acceptable to list a generic description of the physician, i.e. "staff physician, on-call physician, OB/GYN physician". When using a generic description and not a specific physician's name, the patient is to be informed that the physician on call or on duty will perform the procedure. The name of the provider facility (hospital, surgical center, etc.) or provider physician's group must also be entered in the same blank containing the generic physician description when the generic physician description is used. The physician who is named in the first paragraph of the consent form does not have to be the physician who performs the surgery and signs the "Physician's Statement".

e) Signature of person obtaining consent: The individual obtaining consent must sign after the recipient (may sign the same day as the recipient, as long as the recipient signs first) but prior to the procedure in order to properly document informed consent. In instances where the person obtaining consent does not sign prior to the procedure date, (date-wise – not time) the claim will be denied. In other words, denial will occur if the date of the signature of the person obtaining consent and the procedure date is the same or any date after the procedure date.

f) Procedure recorded in physician's statement: It is necessary for the recipient (by signature) to give consent in understanding their rights relative to the sterilization. Both sections of the form should indicate the same type of procedure; however, it is not necessary that the wording of the procedure/manner in which the sterilization is performed be identical under both sections of the form.

Most frequent causes of claims having to be returned for correction:	**Reasons consent forms and associated claims will be denied:**
1. Patient's date of birth not the same on the claim and consent form.	1. Missing recipient signature
2. Expected date of delivery not provided when the sterilization procedure is performed less than the required 30-day waiting period.	2. Missing or invalid date of recipient signature, including less than 30 days prior to procedure
3. Expected date of delivery is recorded but indicator for premature delivery or emergency surgery is not checked.	3. Recipient under age 21 on date consent form was signed
4. All blanks not appropriately completed.	4. Missing signature of person obtaining consent
5. Physician's stamp signature not initialed by physician.	5. Missing or invalid date of person obtaining consent, including date of procedure, or any later date
6. Date of sterilization not the same on the claim and on the consent form	6. Missing interpreter signature (if one was used)
7. Legibility of dates and signatures.	7. Missing or invalid date of interpreter, including any date other than the date the recipient signed (if one was used)
8. Facility name not on the consent form.	

*** As a reminder if these guidelines are not followed, EDS will deny the consent form. ***

Plan First
Contraceptive Issuance Form

Please Print

Provider Name and Number:_____

Street Address: _____ **City/State:** _____ **Zip:** _____

County: _____ **Phone:** _____ **Fax:** _____

PURPOSE: This form is to be used as an inventory log for oral contraceptives issued by the enrolled Plan First provider to Plan First patients.

PROCEDURE: Record information below on each Plan First patient receiving oral contraceptives.
`

***** The following contraceptives are available**: ***

A. ALESSE 28 day B. LO/OVRAL 28 day C. Ortho-Tri-Cyclen 28 day D. MICRONOR 28 day E. LEVLEN 28 day
F. TRI-LEVELN 28 day G. ORTHO-NOVUM 1/50 28 day H. ORTHO TRI-CYCLEN LO 28 day I. Ortho Evra Patch

MONTH/YEAR: _____

DATE OF ISSUANCE	PATIENT NAME	MEDICAID NUMBER	CONTRACEPTIVE GIVEN	AMOUNT ISSUED	ISSUED BY WHOM

Plan first

Contraceptive Order Form

Date: _____

Physician: _____ Office/Clinic:_____

PF Medicaid Provider Number: _____ Contact Person:_____

Shipping Information:

Street Address: _____

City: _____ State: _____ ZIP:_____

County: _____ Phone: _____

Fax: _____ E-mail: _____

Special Delivery Instructions (i.e., days/hours closed):_____

Contraceptives	Number of Packs/Cycles per Box/Case	# of Patients Served at 12 Packs/Cycles per Year	Number of Boxes Ordered	
*Alesse 28 day	3 packs/box	3 month supply for 1 patient		**PF-2**
*Lo/Ovral 28 day	6 packs/box	½ year (6 month) supply for 1 patient		**PF-3**
*Ortho Tri-Cyclen 28 day	6 packs/ box	½ year (6 month) supply for 1 patient		**PF-4**
*Micronor 28 day	6 packs/box	½ year (6 month) supply for 1 patient		**PF-7**
*Levlen 28 day (limited stock available, please call)	36 packs/box	1 year supply for 3 patients		**PF-9**
*Tri-Levlen 28 day (limited stock available, please call)	36 packs/box	1 year supply for 3 patients		**PF-10**
*Ortho-Novum 1/50 28 day	6 packs/box	½ year (6 month) supply for 1 patient		**PF-11**
* Ortho Tri-Cyclen Lo 28 day	144 packs/case	1 year supply for 12 patients		**PF-12**
* Ortho Evra Patch	48 monthly cycles per case	1 year supply for 4 patients Replacement patches may be given at your discretion		**PF-13**

*Choice of contraceptives subject to change

Procedure for ordering contraceptives:

Complete the top portion of the form entirely. Please type or print legibly. Indicate the type of contraceptive(s) and number of boxes needed in the space provided. Fax or mail the Order Form to the Alabama Department of Public Health, Bureau of Family Health Services. If you have questions regarding your order or returning expired contraceptives, call the Plan First Program at 334-206-2795 or 206-2959.

To expedite handling fax to (334) 206-2950 or Mail order form to: ADPH/BFHS/Plan First
PO Box 303017, Suite 1350
Montgomery, Alabama 36130-3017

FHS-10-04

Distribution of Oral Contraceptives to Plan First Providers:

The Alabama Department of Public Health (ADPH), Bureau of Family Health Services will provide oral contraceptives and Ortho Evra patches to Plan First Providers at no cost - **for Plan First Patients only.**

Orders should be placed using the "Plan First Contraceptives Order Form" provided.
Orders will be processed in increments of whole cases, specifically described on the order form. The forms may be copied but additional forms will be provided upon request.
Contact the ADPH Plan First Representative at 334-206-2795.

Provide the number of packs you would otherwise write a prescription with refills for, e.g., from 1-13 packs. If pills/patches are changed or are lost, it is acceptable to provide more pills/patches. In any case, the total number of packs provided to a patient should be submitted on claims to the Alabama Medicaid Agency.

ADPH is striving to offer a variety of oral contraceptives as well as the Ortho Evra Patch through this program. If, however, a type of oral contraceptive is medically necessary for a specific patient and is not routinely offered, consult the Medicaid Plan First Program Manager at 334-353-5263.
Providers should maintain a minimum one- month supply of pills/patches, if possible, and reorder before pills/patches are depleted. Please order only what is needed.

In the event of a Manufacturer pill shortage, providers will be notified and alternate pills shipped upon request.
Order forms will be accepted by general mail or fax at the address/number listed below. Orders will be processed within five working days of receipt of order form.

ADPH will utilize UPS shipping and tracking.
If questions, contact the ADPH Plan First representative at 334-206-2795.

Mail order forms to:

Alabama Department of Public Health

BFHS/Plan First
Post Office Box 303017, Suite 1350

Montgomery, Alabama 36130-3017

Fax order forms to: FAX: (334) 206-2950

C.12 Local Code Crosswalk Information

NOTE:

Use "Local" procedure codes for **dates of service** through 12/31/03. Use HCPCS procedure code, with modifier(s) if applicable, for dates of service 01/01/04 and thereafter.

"Local" Code thru 12/31/03	HCPCS-Modifier(s) Beginning 01/01/04	Description
Z4998	90471, 90782 Effective 2-1-05, codes 90783-90788 will also replace Z4998.	Administration fee
Z5181	99205-FP	Initial Visit (FP)
Z5182	99214-FP	Family Planning Annual Visit
Z5183	99213-FP	Periodic Revisit (FP)
Z5184	99347-FP	Family Planning Home Visit
Z5189	S4993-FP	Birth Control Pills, one cycle (only billed by State Health Dept.)
Z5190	99212-FP	Extended Contraceptive Counseling Visit
Z5319	S4989	Progestasert IUD
Z5320	J7300	Paragard IUD
Z5440	S4993	Family Planning Waiver - Birth Control Pills